

An Inaugural Dissertation

on

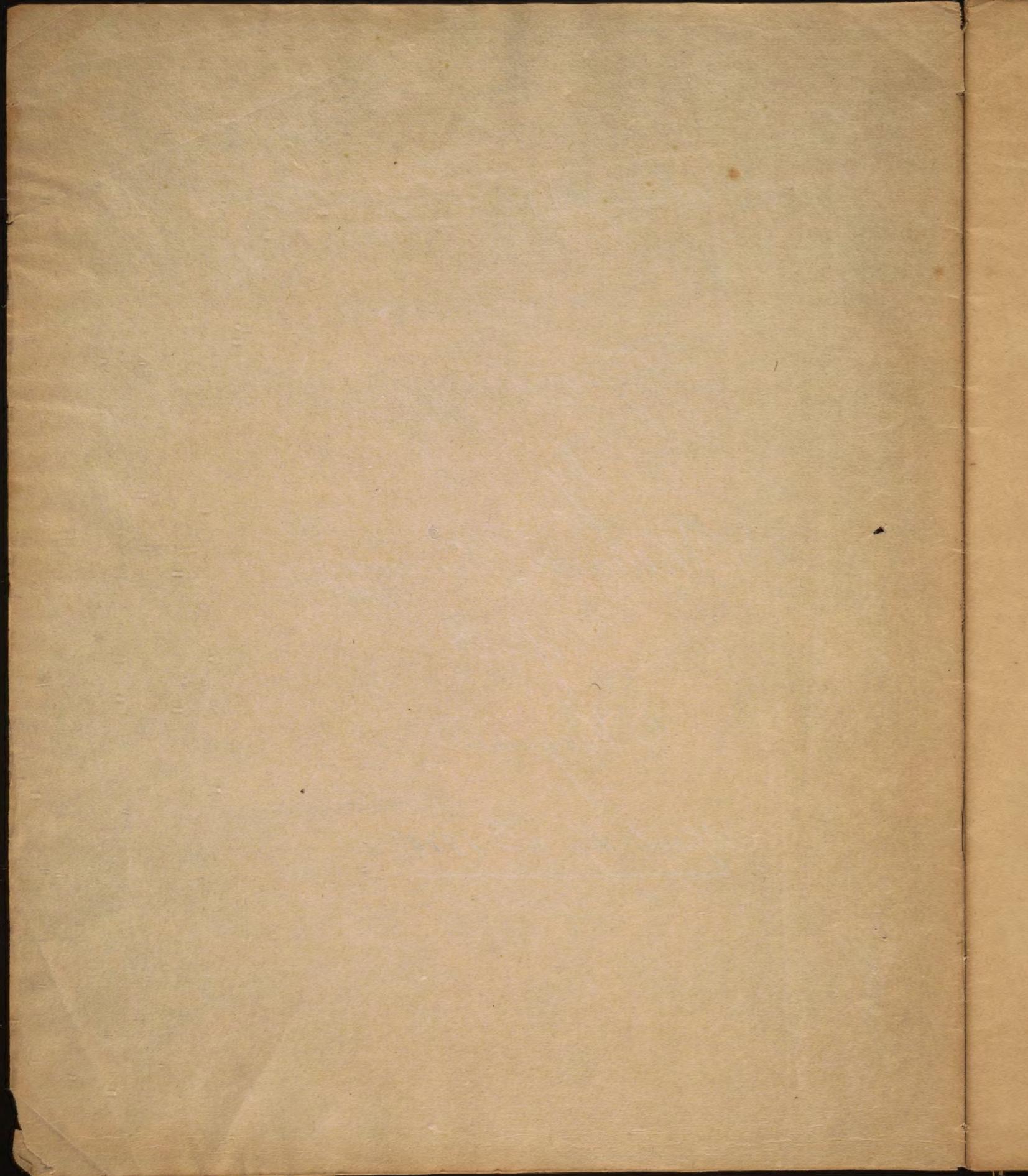
Dysentery

by

William Buchanan

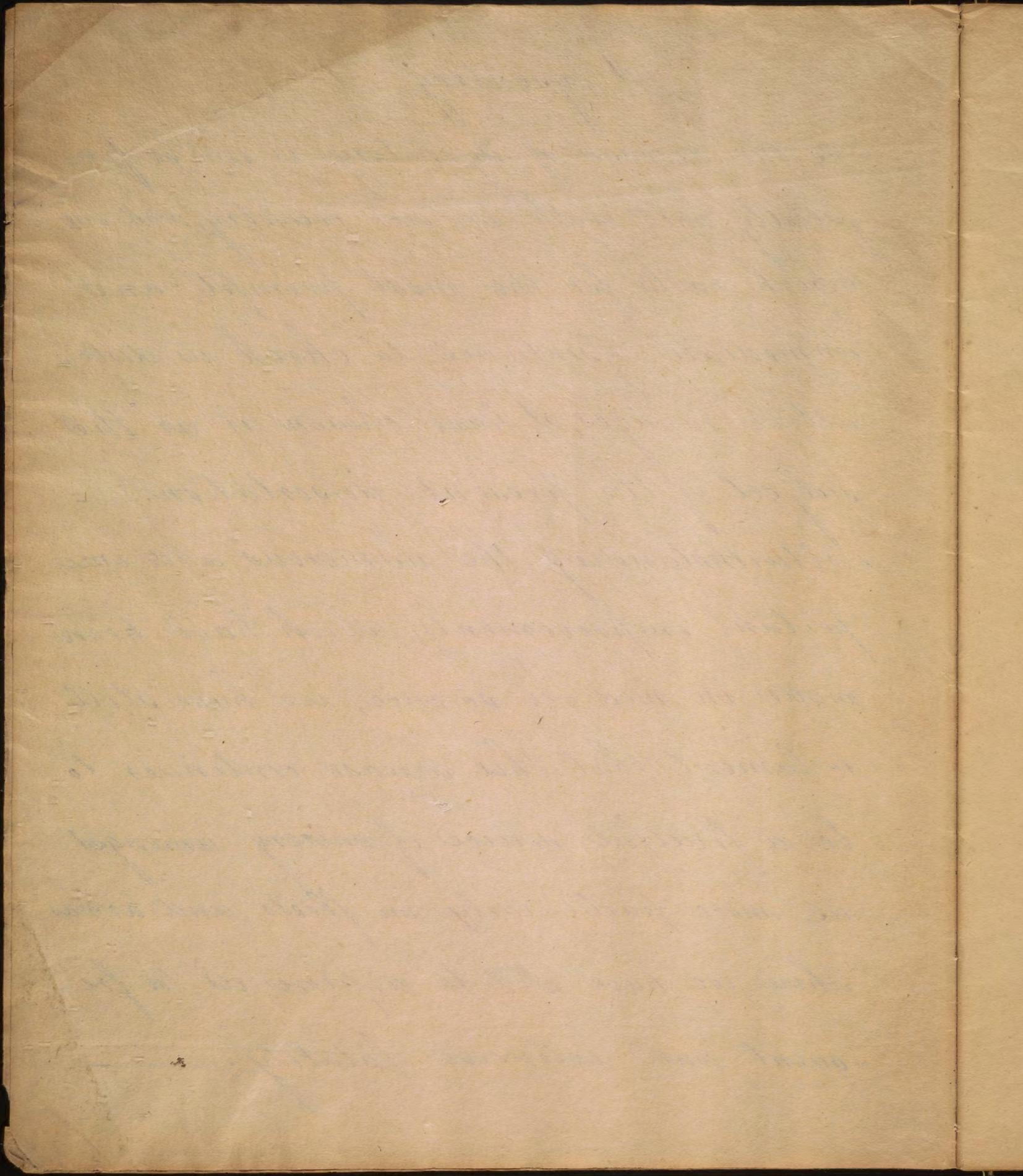
of
Virginia

April the 5th 1811

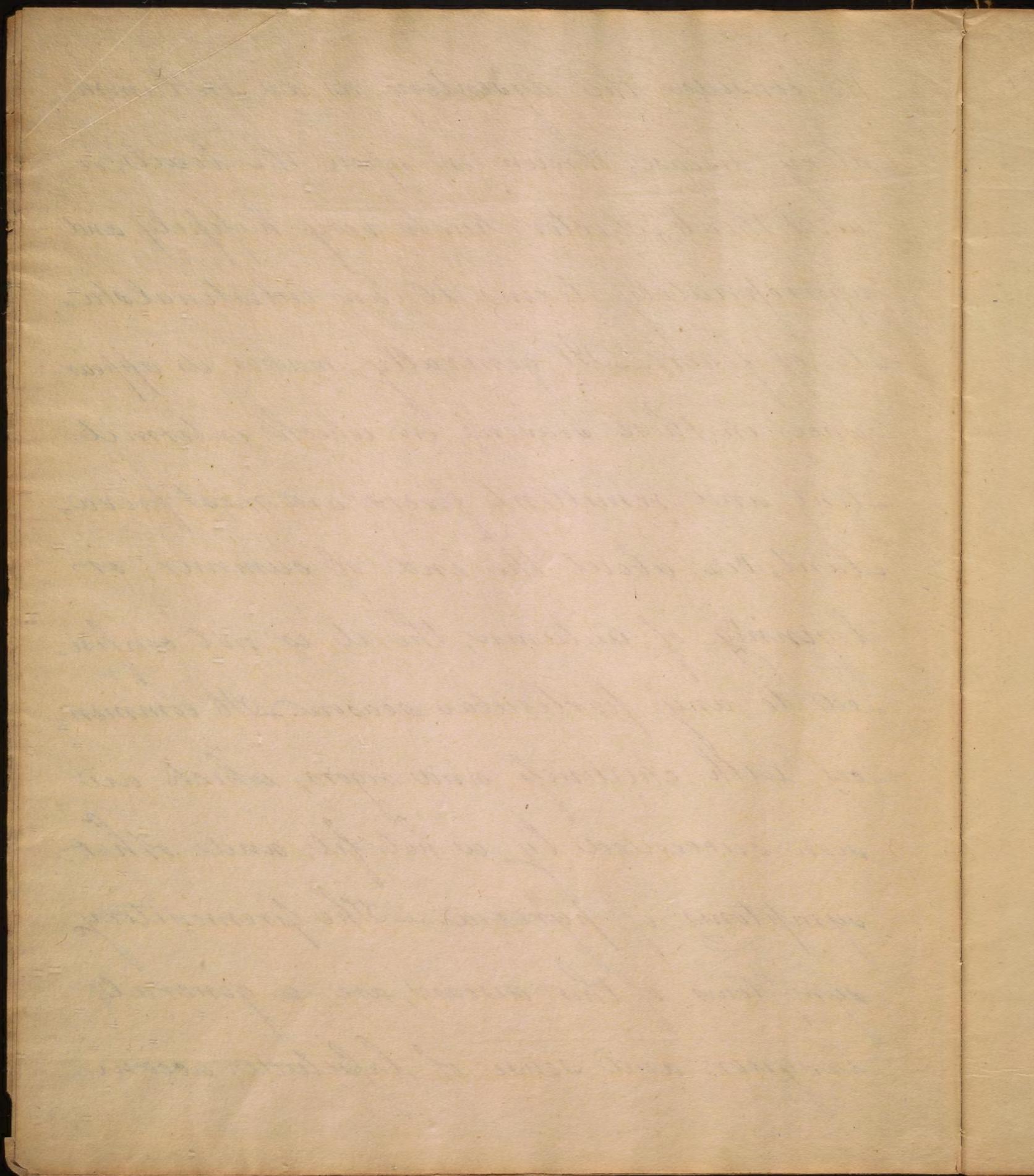


Dysentery

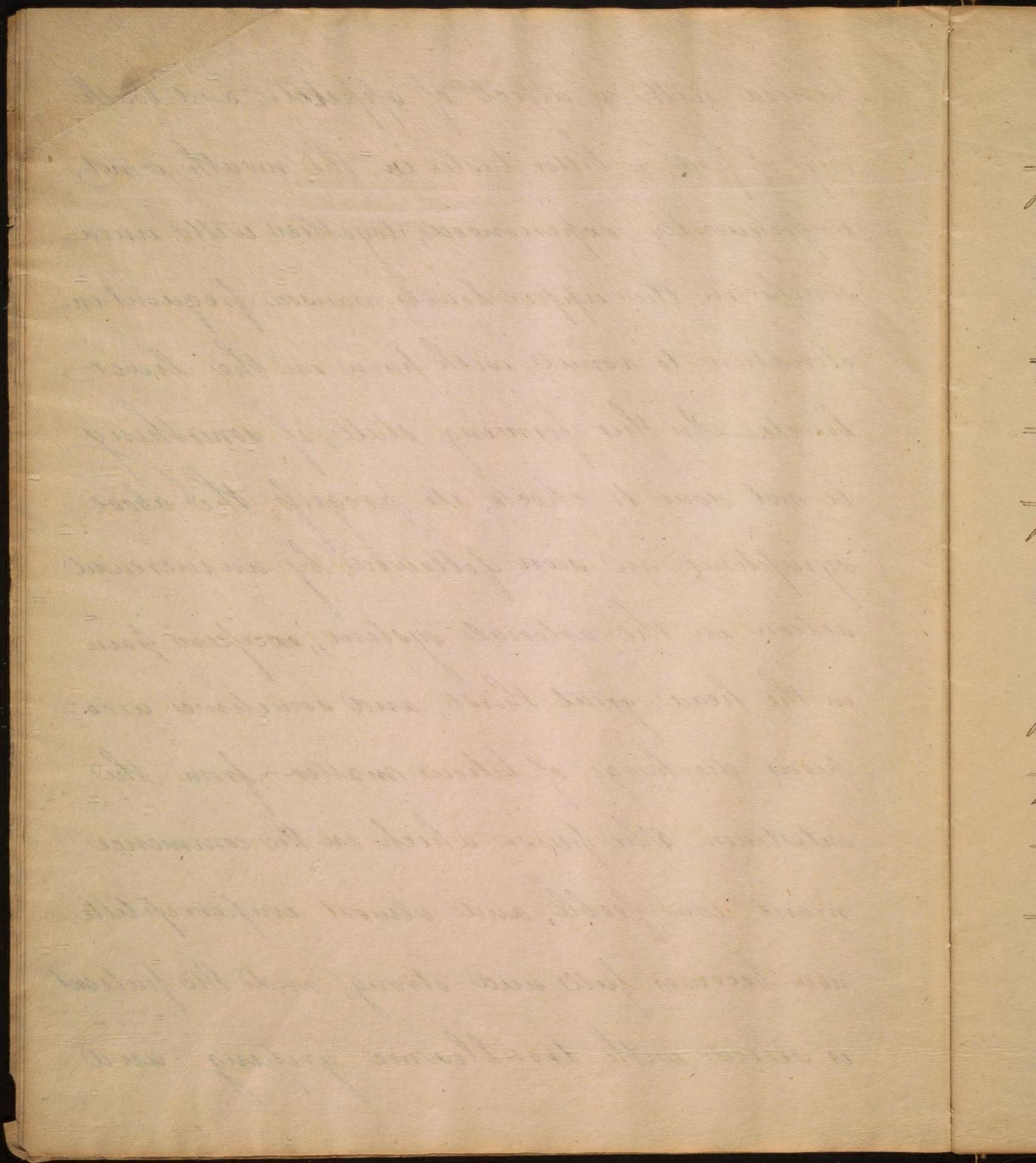
as the disease of dysentery is one, so frequently met with in our country, and one, which calls for the most prompt, and immediate assistance to check its destructive ravages; I have chosen it as the subject of the present dissertation. Notwithstanding the numerous and important improvements, which have been made in medical science, we have still to lament that this disease continues to be a fruitful source of misery amongst us; more particularly in fleets and armies, where we have still to deplore its too frequent and extensive fatality.



We consider the dysentery as an inflammatory disease, thrown in upon the bowels, or as, I think, Doctor Rush very happily and appropriately terms it, an intestinal state of fever. It generally makes its appearance in those seasons, in which intermit- tent and remittent fevers are most preva- lant, viz, about the end of summer or beginning of autumn, tho' it is not confin- ed to any particular season. It commen- ces with chills and rigors, which are soon succeeded by a hot fit, and other symptoms of pyrexia. The premonitory symptoms of this disease, are, a general languor, and sense of lassitude, accom-

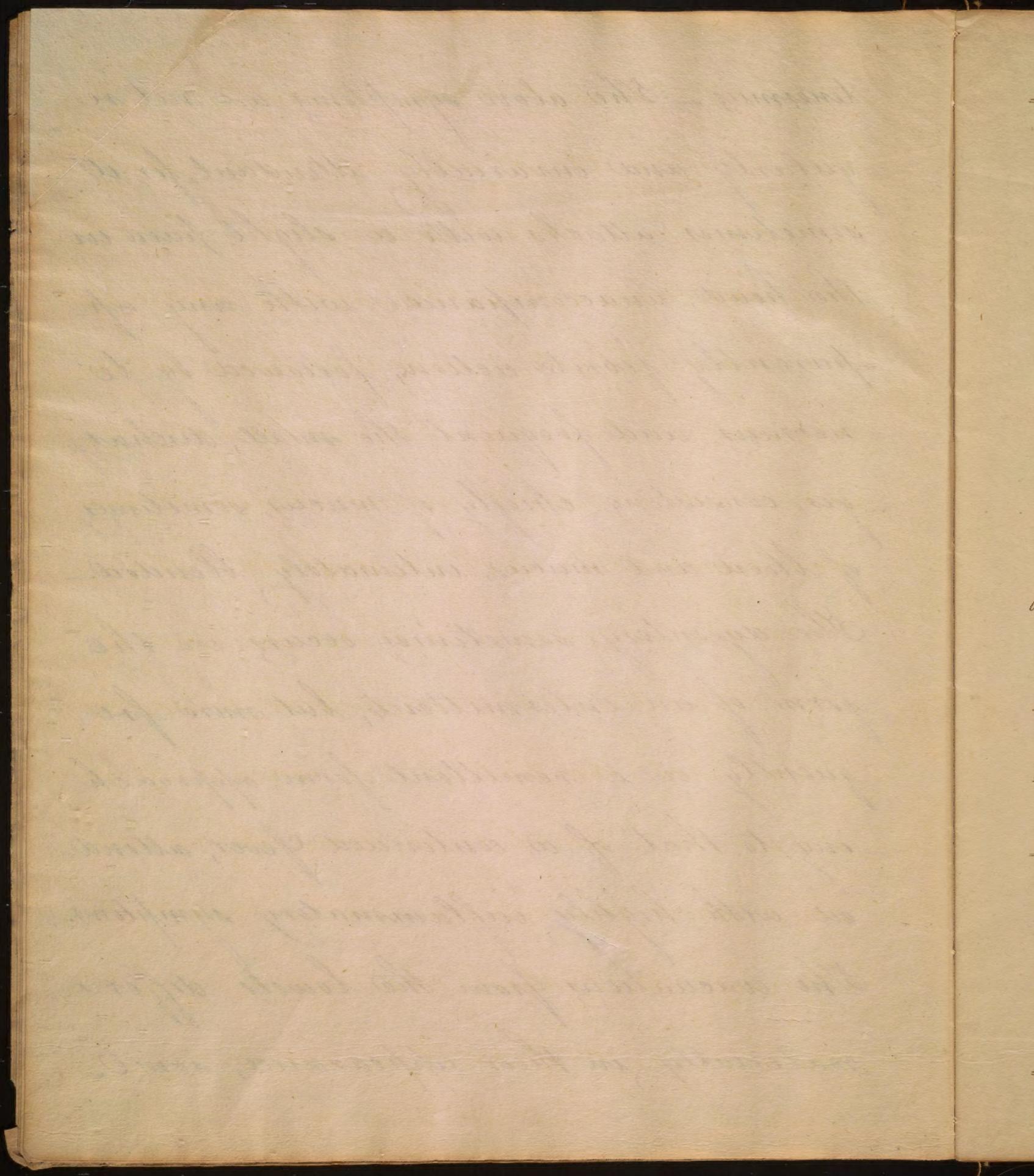


panied with a defect of appetite, and loath-
ing of food, a bitter taste in the mouth, is not
infrequently experienced, together with uneas-
iness in the upper bowels, nausea, frequent in-
clination to vomit, with pain in the lower
bowels.—In this forming state, if something
be not done to check its progress, the above
symptoms are soon followed by an increased
action in the arterial system, excessive pain
in the head, great thirst, and sometimes a co-
-pious discharge of bilious matter from the
intestines.—The pulse which in the commence-
ment, was feeble, and almost imperceptible,
now becomes full and strong, and the patient
is seized with troublesome griping, and

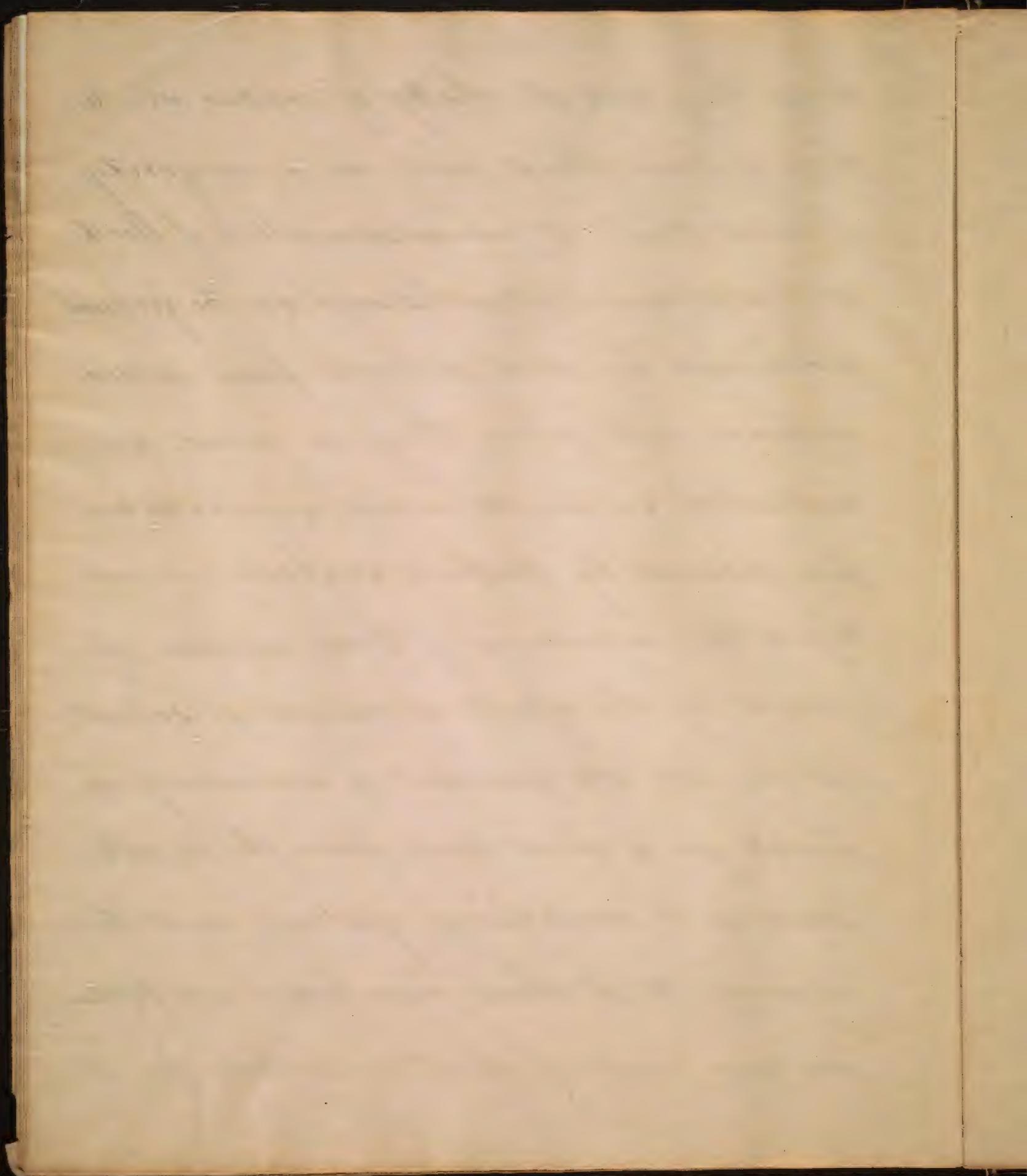


tenesmus. — The above symptoms are not regularly and invariably attendant, for it sometimes attacks with a slight pain in the head, unaccompanied with any apparently febrile action, followed by tenesmus and frequent, tho' small, discharges, consisting chiefly of mucus, sometimes of blood and mucus, intimately blended.

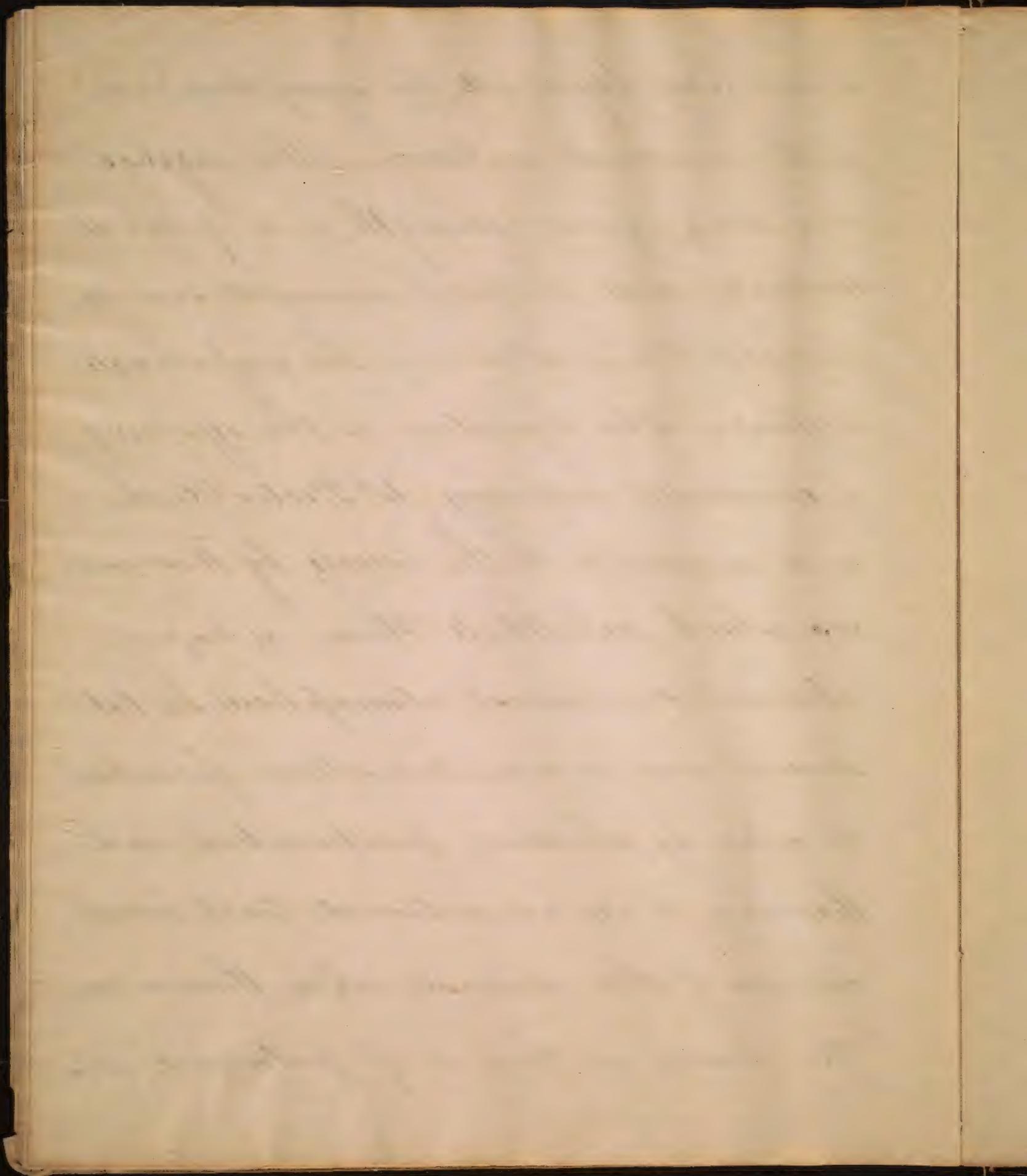
The dysentery sometimes occurs in the form of an intermittent, but more frequently in a remittent form, approaching to that of a continued fever, attended with highly inflammatory symptoms. The evacuations from the bowels differs materially in their appearance, some-



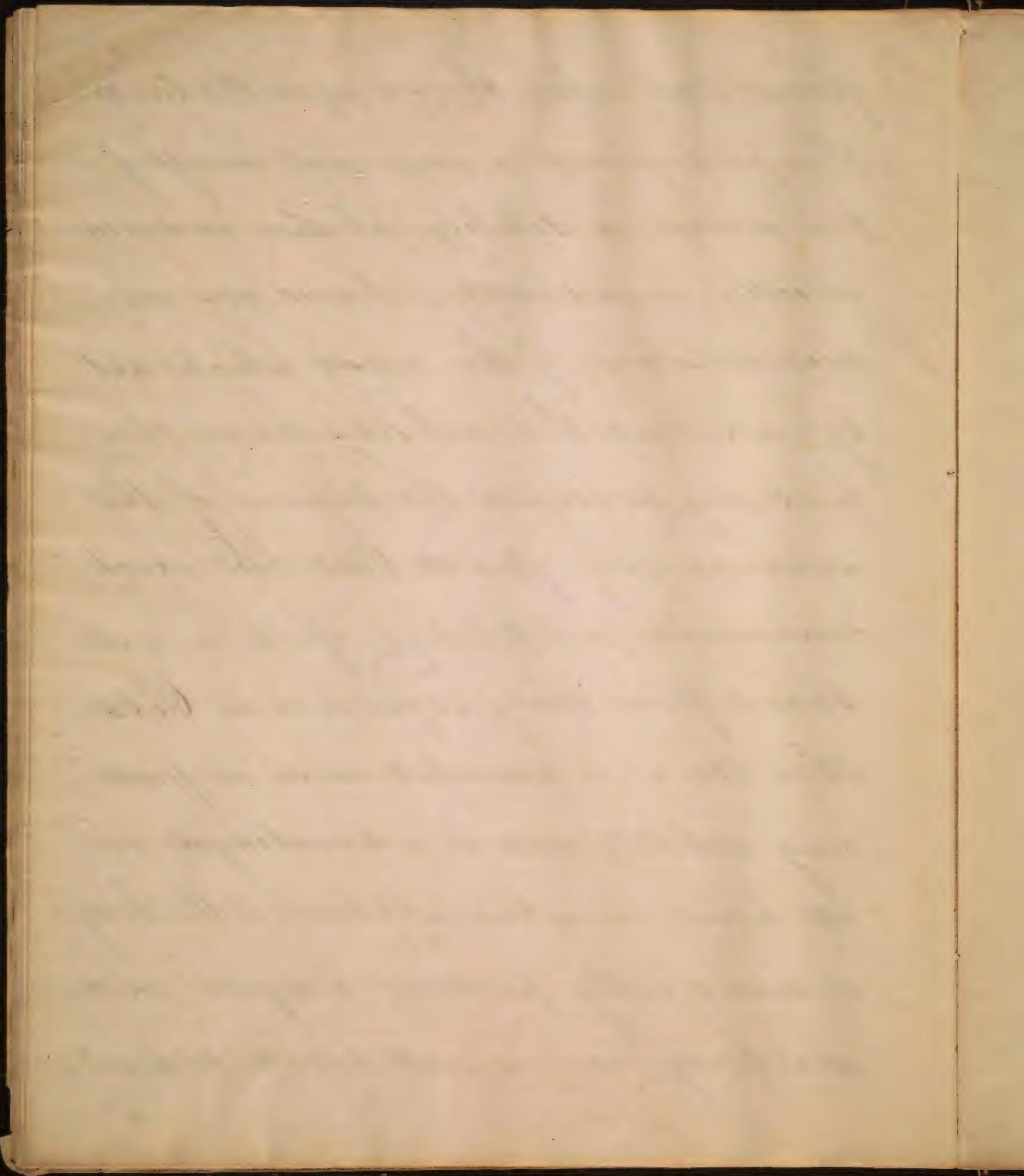
times they consist wholly of mucus, now & then of pure blood, and in a majority of cases, there is an intermixture of blood and mucus. Notwithstanding the frequent discharges by stool, natural faeces seldom appear, and when they do occur, are evacuated in small, round, indurated masses, termed by authors, scybala. Upon the expulsion of these, whether effected by the effort of nature or solicited by art, the patient is commonly relieved for a short time, from the troublesome and distressing griping and tenesmus. But these remissions are treacherous and of short duration, for it



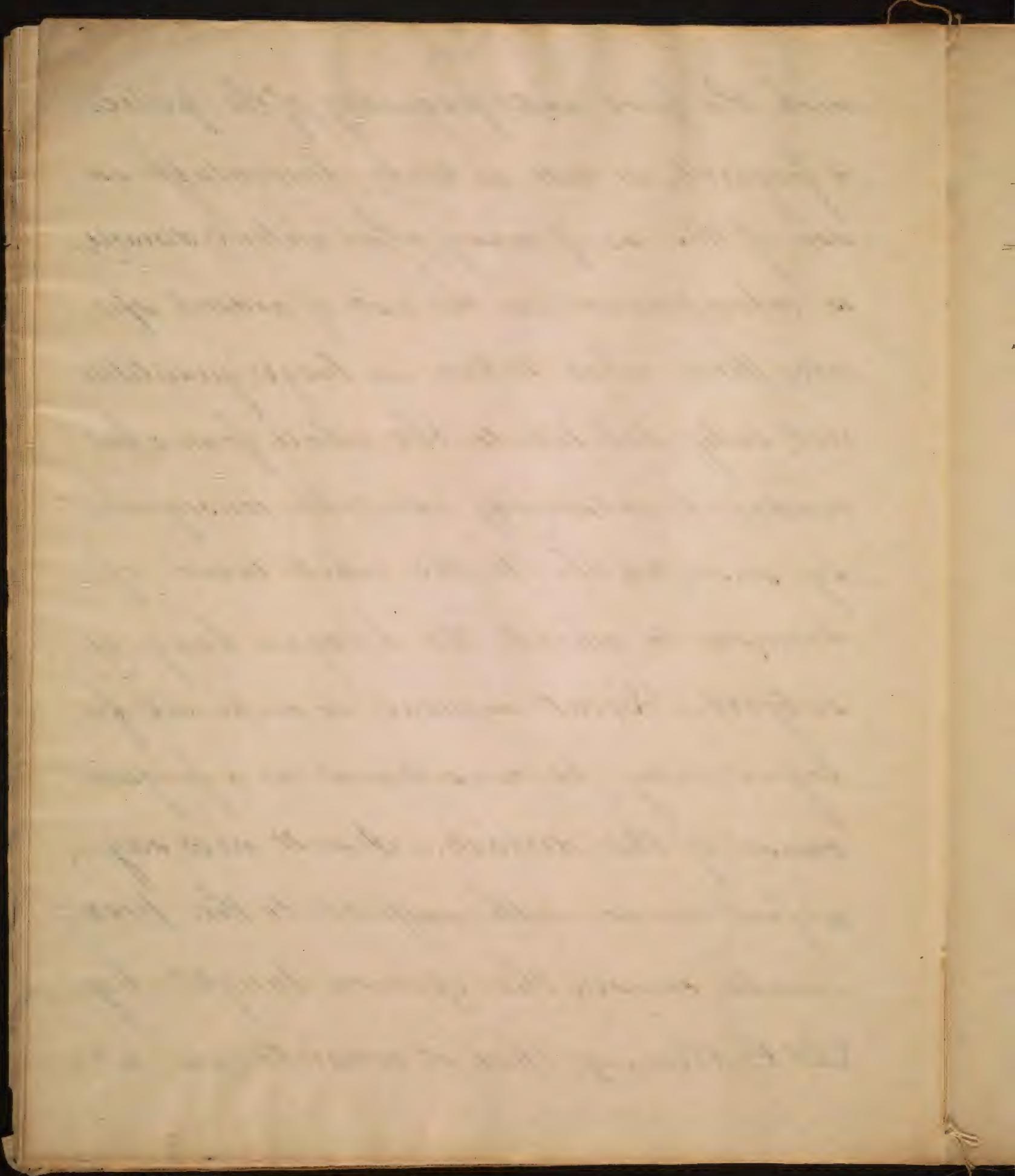
is not long before all the symptoms recur with increased violence. The disease now daily gains strength, and if not attentively and skilfully managed sooner terminates the existence of the unfortunate sufferer. The dysentery is the offspring of miasma, according to Doctor Rush, and is invited to the bowels by those causes which debilitate them, as rapid-aliment &c. A moist atmosphere in hot seasons and sudden transitions from heat to cold, by checking perspiration, and throwing it on an internal part, become causes of this disease, when thrown on the bowels, as they do of pulmonic in-



flammation, when thrown upon the lungs.—
The predisposing or occasional cause of
this disease, is debility, whether induced
directly or indirectly.—I will now enum-
erate some of the causes which act
by inducing this debility. Under this
head may be clasped the passions of the
mind as grief, fear &c. That these exert
considerable debilitating effect, is well
known from daily experience.—Cold.—
That this is a powerful cause in produ-
cing debility, will be acknowledged on
all hands, as when applied to the body,
it universally produces languor and
inactivity, and is well known to dimi-



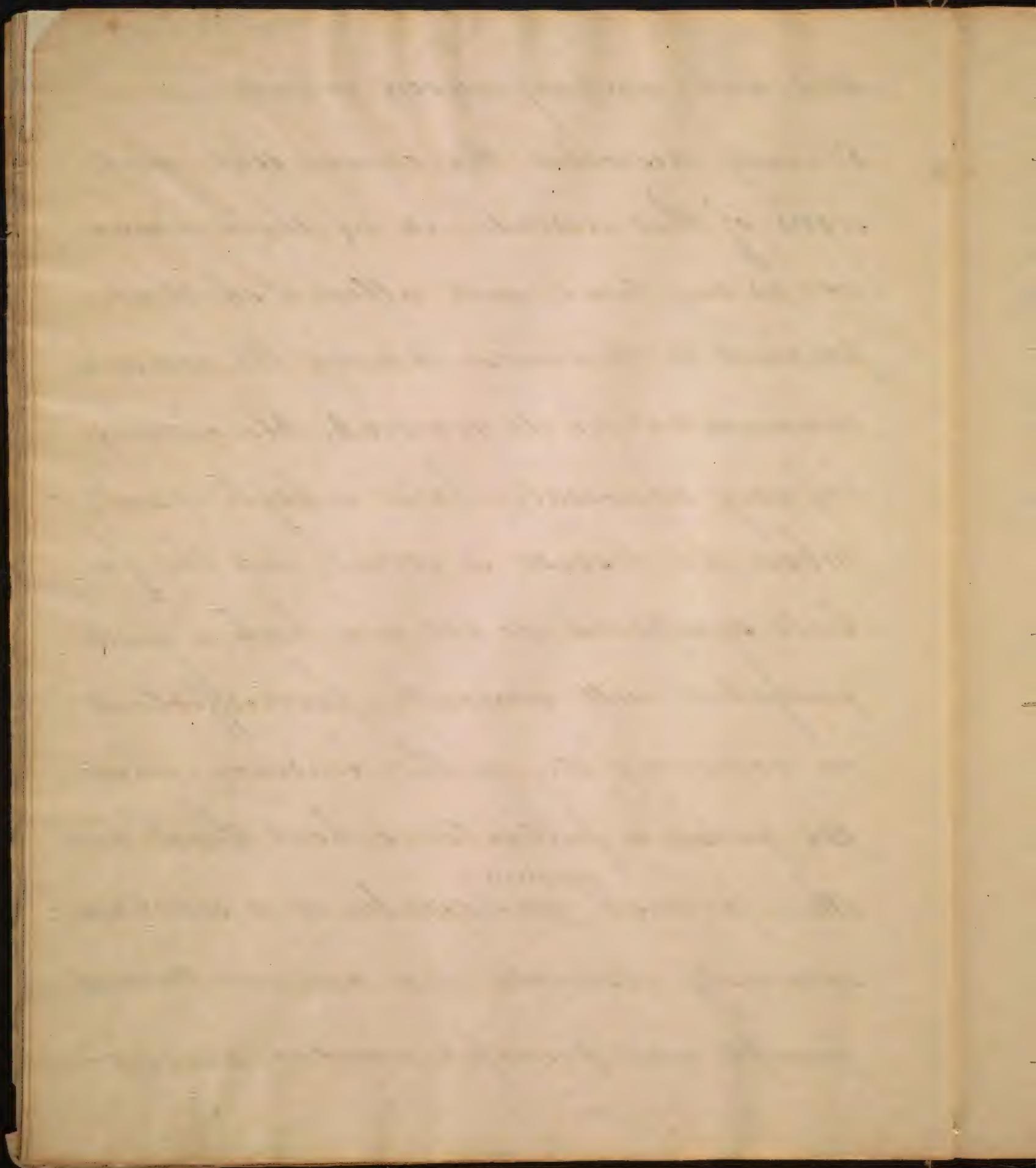
nish the force and frequency of the pulse. A frequent, as well as truly lamentable cause of this, as of many other violent diseases, is, intemperance in the use of ardent spirits; these when taken in large quantities not only debilitate the whole frame, but render it extremely excitable, consequently susceptible to the whole train of diseases, to which the human body is subject. Great mental or corporal fatigue, may be considered as a frequent cause of this disease. I will now say a few words with respect to the proximate cause, the opinion taught by Dr Cullen, is, that it consists in a



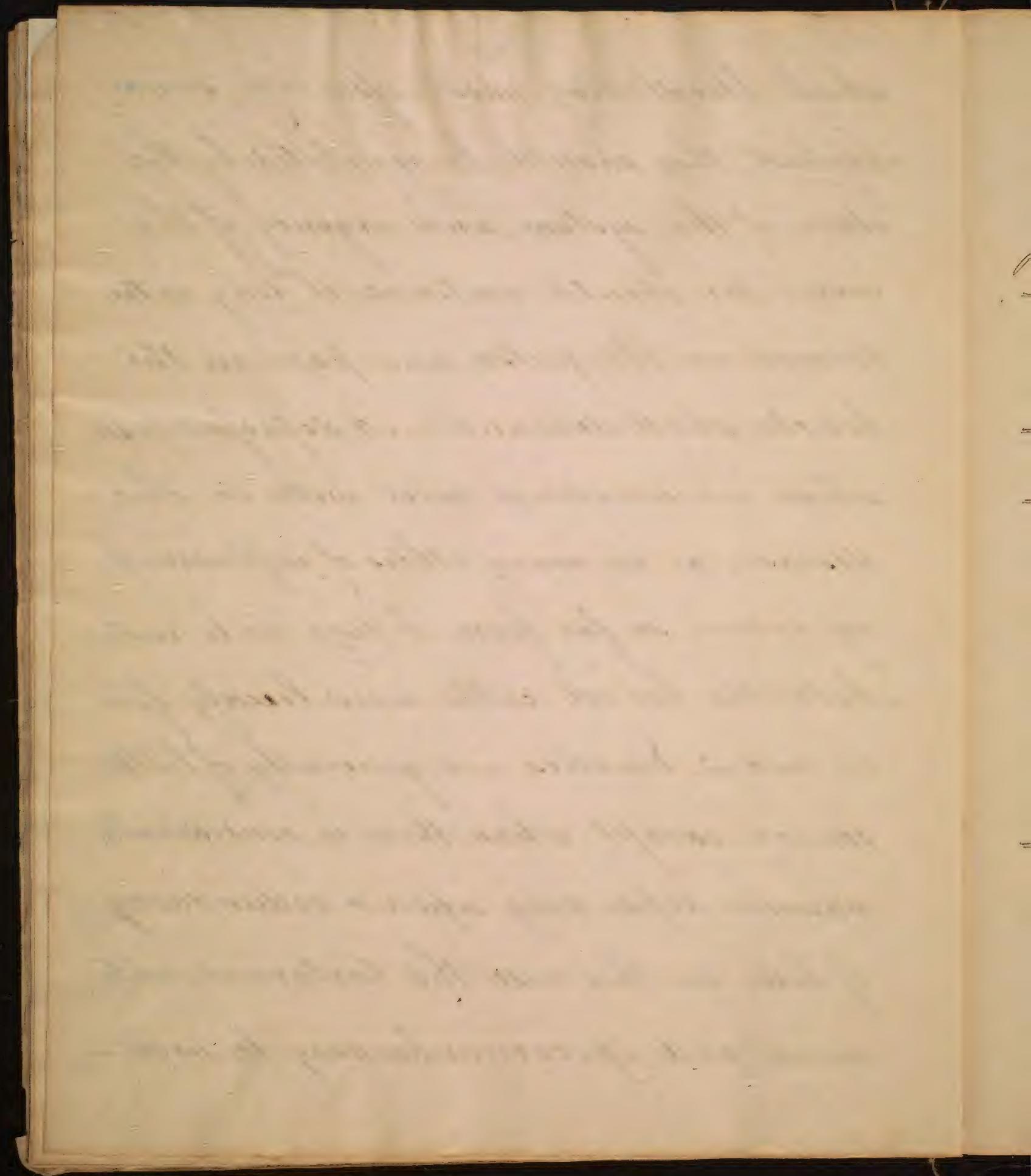
preternatural constriction of the colon, occasioning at the same time, those spasmodic efforts which are felt in severe griping, and which efforts propagated downwards to the rectum, occasion there, the frequent mucous stools and tenesmus. That a constriction does exist, I will not pretend to deny, but that the Doctor has mistaken the effect, for the cause, will, I am sure, appear evident, when we advert to the causes which act remotely in producing the disease. - That the proximate cause consists in a morbid and irregular action, in the bloodvessels of the part, will appear clear to every can-

- did and unprejudiced mind. ~~~~~

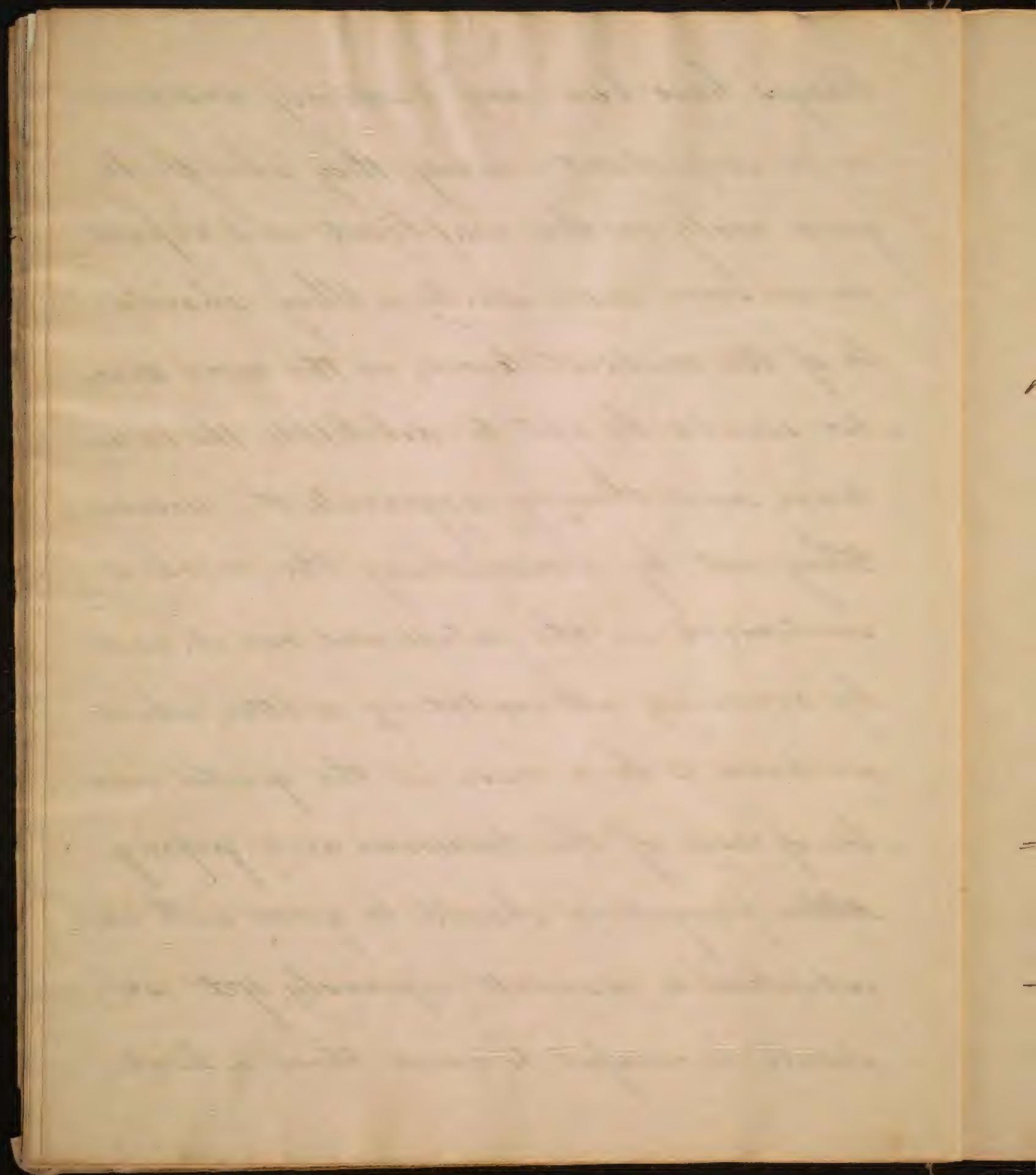
Having described the causes, seat, and signs of this disease, in as clear a manner as my time will allow, I shall now proceed to its cure. Among the remedies enumerated for its removal, Bloodletting has very deservedly held a high rank, when the disease is recent, and the febrile symptoms do not run high; a gentle purgative will generally prove effectual in removing it. - on the contrary when the pulse is full or tense, heat, thirst and other feverish ^{symptoms} considerable, it is sometimes extremely obstinate, and demands the most prompt and powerful remedies; among



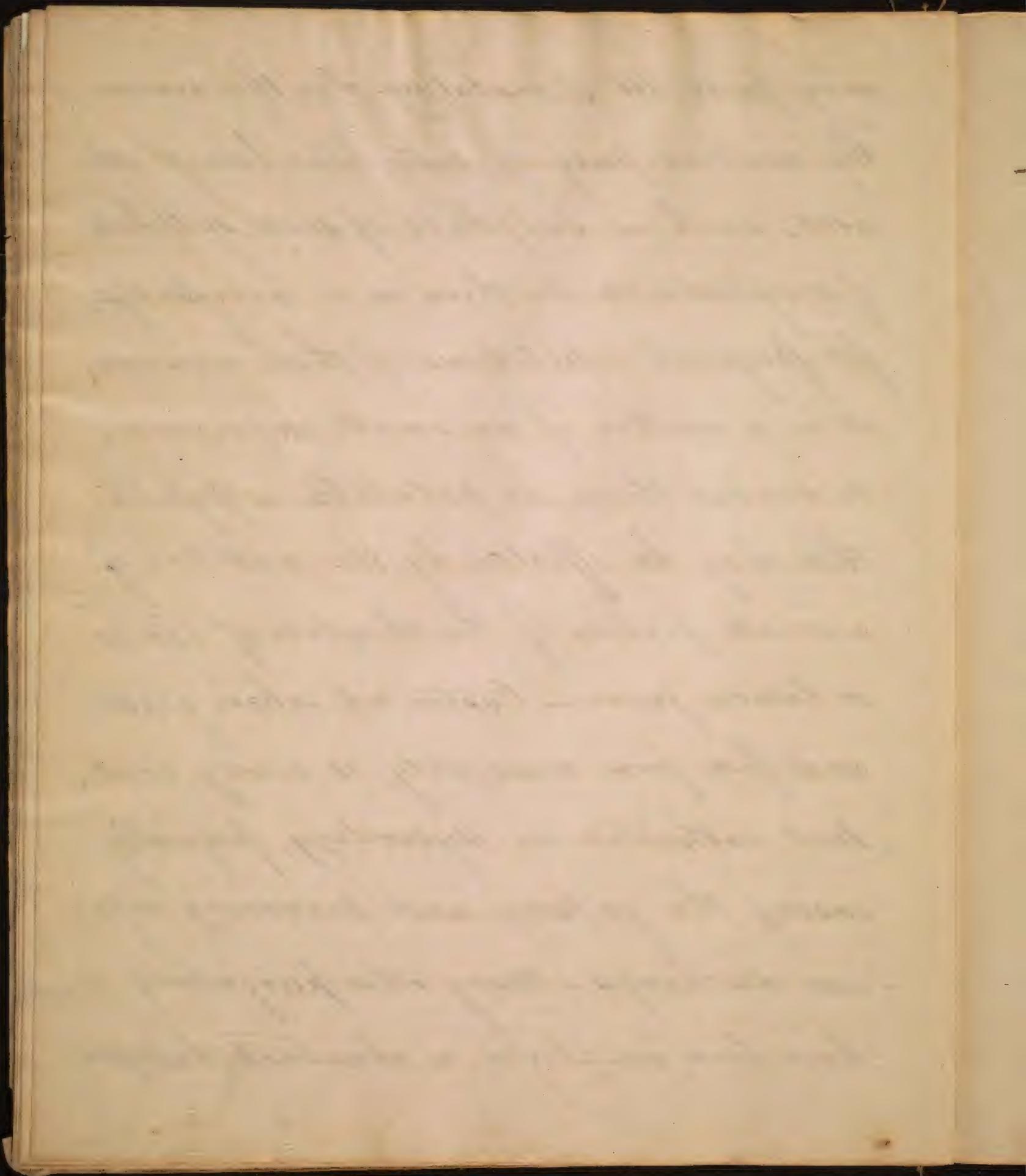
which bloodletting most assuredly stands highest, this should be regulated by the state of the system, and urgency of the case.— We should continue it ^{as} long as the tension in the pulse, and pain in the bowels, shall demand. A depressed pulse, which we sometimes meet with in this disease, as in many others of inflammatory action; so far from bidding us to withhold the lancet, calls more loudly for its use.— Emetics are generally of little service, except when there is considerable nausea, depending upon a redundancy of bile; in this case the tartarised antimony and ipecacuanha may be used.



Purges have been very deservedly considered as an important remedy, they should be given early in the complaint, and repeated in some cases daily. They should be of the mildest kind, as the more drastic would be apt to debilitate the intestines, and thereby aggravate the disease. They act by diminishing the morbid excitement in the intestinal canal, and by removing all irritating matter, which we know to be a cause in the greater number of cases, of the tenesmus and griping. Altho purgatives should be given with an intention to evacuate copiously, yet we should be careful to avoid those which

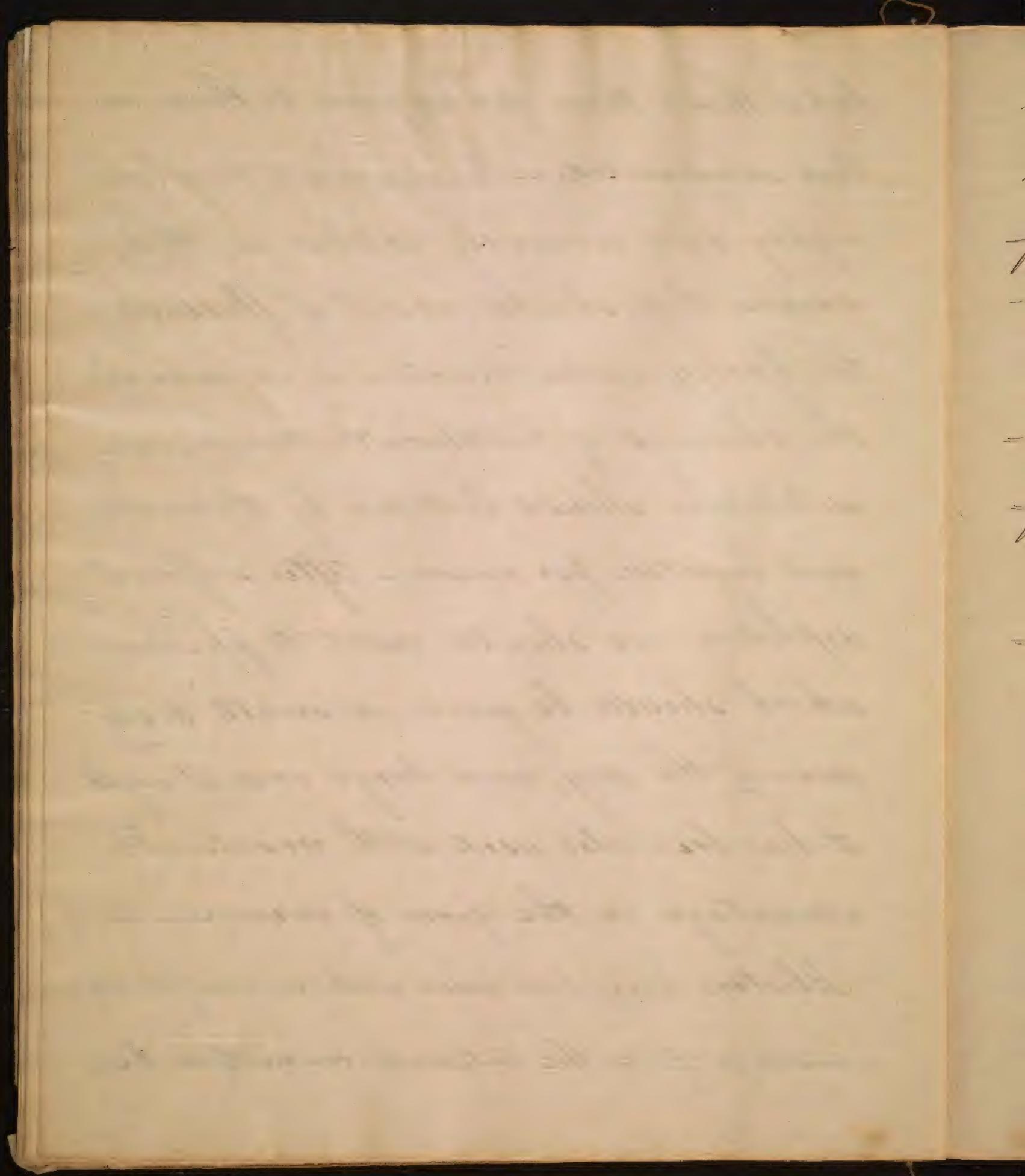


may prove too stimulating. For this reason the neutral purging salts, have been much used, such as, sulphate of soda, sulphate of magnesia &c. As there is a necessity for frequent repetitions of these medicines, it is a matter of no small importance, to render them as palatable as possible; this may be effected by the addition of a small portion of the crystals of tartar, or lemon juice. Castor oil when good and free from rancidity is a very excellent cathartic in dysentery, frequently easing the griping, and procuring copious discharges. Many other purgatives have been employed, as rhubarb, Jalap &c

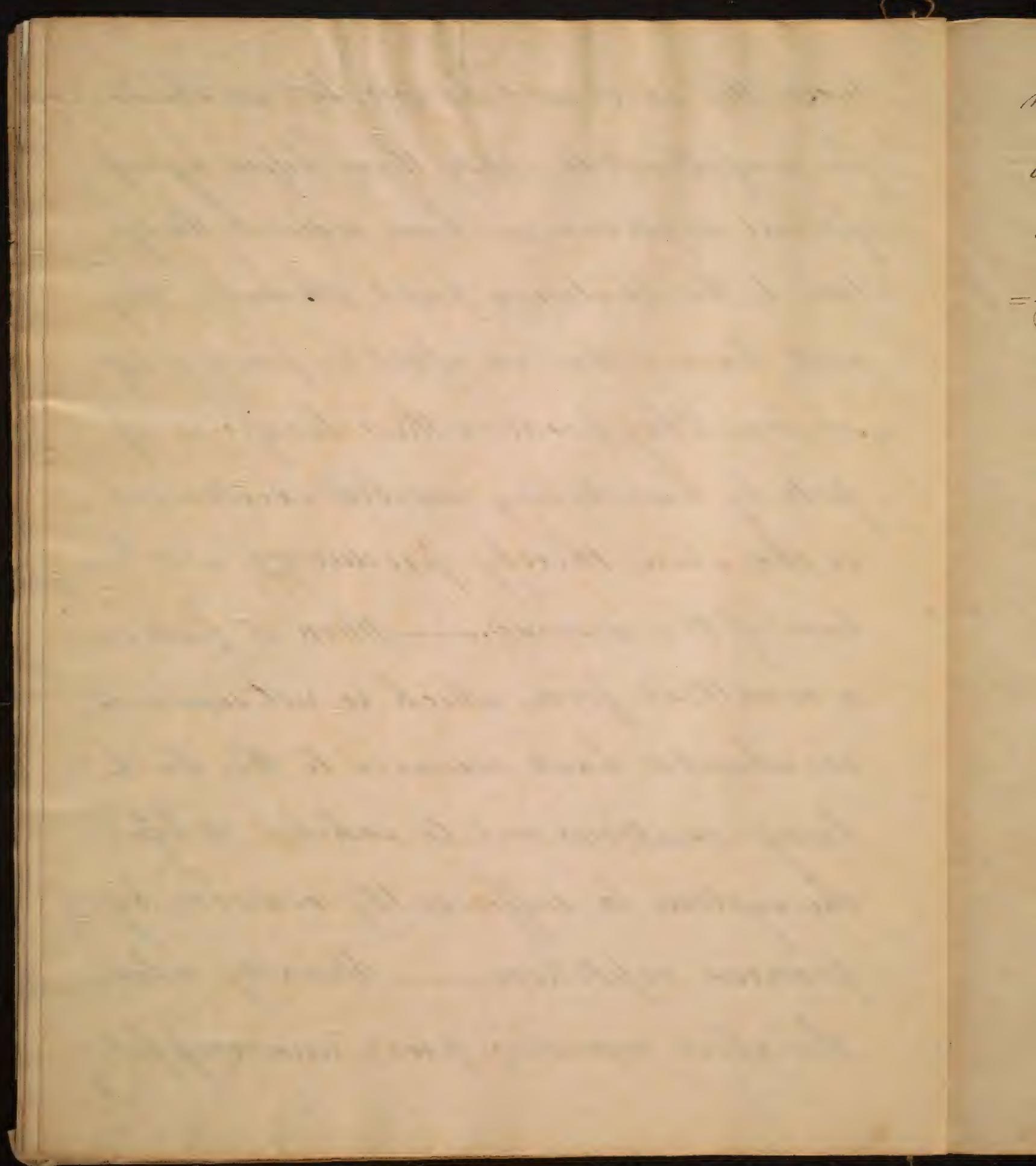


but I think them far inferior to those above enumerated. — Demulcents have been highly and deservedly extolled in this disease; they should consist of flaxseed tea, barley water, decoction or infusion of the shavings of hartshorn &c. — Mucilaginous substances should be taken by the mouth and injected per anum. — After sufficient depletion we should resort to opium, which should be given in small doses during the day, and large ones at night; it has been also used with considerable advantage in the form of enemas. —

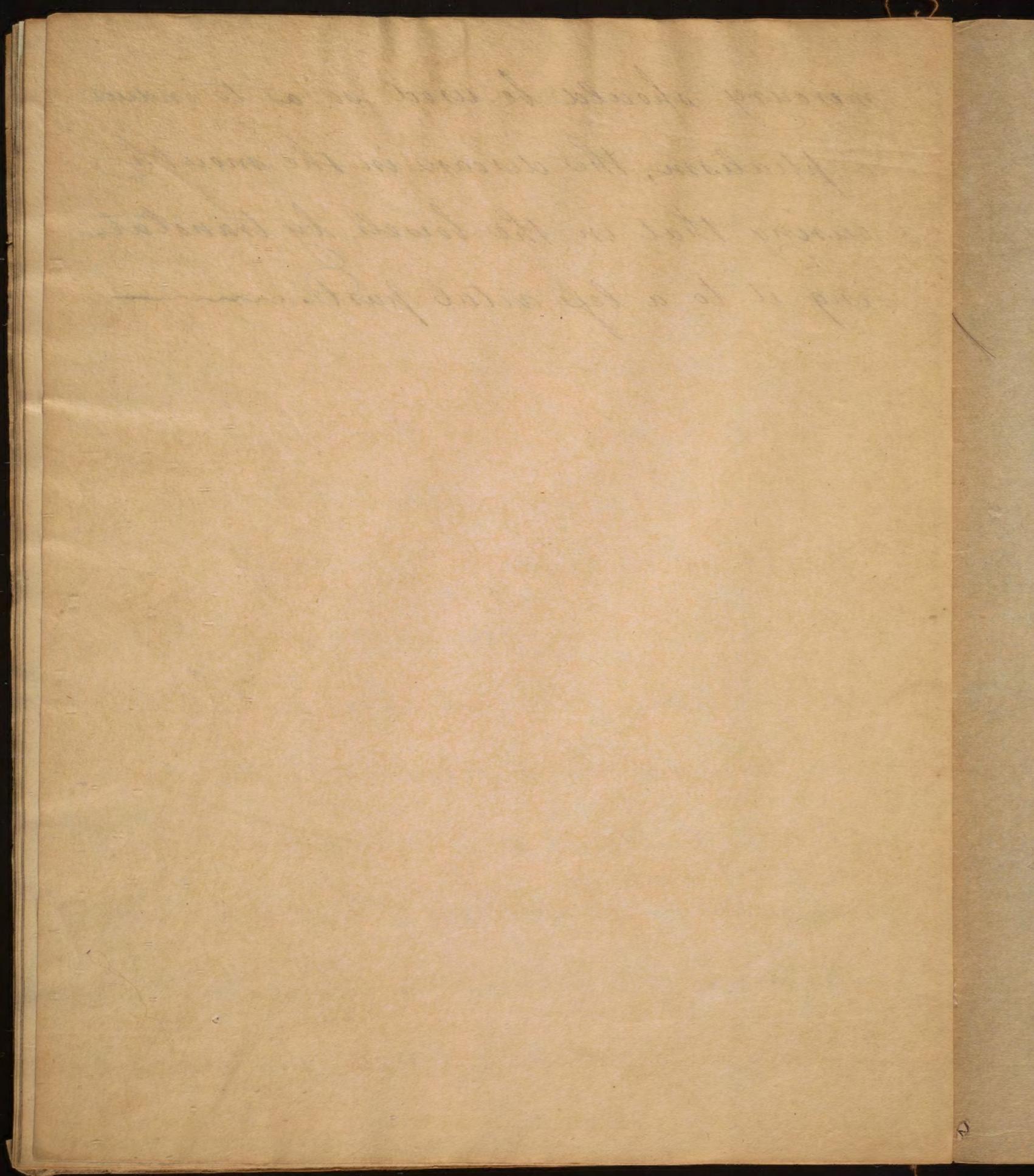
Blisters have been used with wonderful advantage, from the intimate connection be-



between the skin and bowels, but we should be careful not to apply them before, by sufficient depletion, we have reduced the system to the blistering point; otherwise they will have either no effect, or prove of service. They produce their beneficial effects by translating morbid excitement to the skin, thereby producing a solution of the disease. When it puts on a remittent form, which is not unusual, we should have recourse to the bark, being cautious not to exhibit it before the system be sufficiently reduced, by previous depletion. Finally when the above remedies prove unsuccessful



mercury should be used so as to induce
a ptyalism, the disease in the mouth
curing that in the bowels, by translat-
-ing it to a less vital part.



Y12
7401
F 11
Rush Papers